



002 - \_\_\_\_\_

**Check One**

Dentist (1201) \_\_\_\_\_

Dental Hygienist (1202) \_\_\_\_\_

Dental Assistant (1222) \_\_\_\_\_

**STATE OF TENNESSEE  
DEPARTMENT OF HEALTH  
BUREAU OF HEALTH LICENSURE AND REGULATION  
DIVISION OF HEALTH RELATED BOARDS  
227 FRENCH LANDING, SUITE 300  
HERITAGE PLACE METROCENTER  
NASHVILLE, TENNESSEE 37243**

**TENNESSEE BOARD OF DENTISTRY  
(615) 532-3202 or 1-888-310-4650 ext. 25073  
www.state.tn.us/health**

**Application for Duplicate License**

√	Duplicate License Requesting	Fee Due for Each	
		Dentist	Hygienist/Assistant
	Renewal Certificate (5x7) with Wallet Card	\$30.00	\$20.00
	Wall License	\$30.00	\$20.00

I \_\_\_\_\_  
(First) (Middle) (Maiden) (Last)

of \_\_\_\_\_  
(Street Address) (City, State, Zip)

the lawful possessor of the renewal certificate to practice \_\_\_\_\_  
(Profession)

in the State of Tennessee do hereby request a replacement of said license. The license was:

\_\_\_\_\_ Lost \_\_\_\_\_ Stolen \_\_\_\_\_ Destroyed \_\_\_\_\_ Other: \_\_\_\_\_  
(List Reason)

I attended: \_\_\_\_\_ and I graduated in: \_\_\_\_\_  
(Educational Institute) (Year)

and my License Number is: \_\_\_\_\_ which was issued on \_\_\_\_\_  
(Month/Day/Year)

My Social Security Number is: \_\_\_\_\_

\_\_\_\_\_  
Signature of Licensee

The person whose signature appears above has personally appeared before me and being duly sworn, states that the statements made in this application are strictly true on this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Signature of Notary

SEAL

My Commission Expires: \_\_\_\_\_

**Attach a  
Current  
Photograph  
here**